



Questions about volunteering? Contact:

Warrenton Library: Jennifer Schultz, 349-1128

Bealeton Library: Natalie Swart, 439-9728

John Marshall Library: Deborah Cosby, 364-4910

## Teen Advisory Group (TAG) Volunteer Application

Please complete application and return to library.

All TAG applicants are required to attend an introductory meeting and meet with the librarian at their branch once a month during the school year. Volunteers chosen for the Teen Advisory Group will be contacted with meeting dates and times.

|               |  |                |  |
|---------------|--|----------------|--|
| Name:         |  | Date:          |  |
| Address:      |  | E-mail:        |  |
| Cell Phone:   |  | Birth Date:    |  |
| Parent Phone: |  | Parent E-mail: |  |

Have you volunteered for the library before? If yes, please tell us when. \_\_\_\_\_

Why are you interested in being a TAG volunteer? \_\_\_\_\_

Do you have any specific talents or skills that you would be willing to share? \_\_\_\_\_

Please indicate your preferred library location: ☐ Warrenton ☐ Bealeton ☐ John Marshall

**Availability: What is your preferred monthly meeting time?** \_\_\_\_\_ **(circle days available)**

Monday                  Tuesday                  Wednesday                  Thursday                  Friday                  Saturday

**Hours Preferred (circle one or more)**                  Morning                  Afternoon                  Evening

**Optional:** If we photograph you, may we use your picture (no last names or other personal information will be used) in promotional materials and on the library's Web site? If you agree, read and sign below:

I, the undersigned, do hereby give and grant permission, in perpetuity, to the Fauquier County Public Library Board of Trustees (hereafter, FCPLB), to use in such manner as it may deem desirable, my appearance in any photographs. I understand that those photographs may be edited and used in whole or part in any manner of media, including but not limited to, newsprint, magazines, television and the Internet. Further, FCPLB, shall have complete ownership of the photographs, and shall have the exclusive right to make use of such photographs as it deems appropriate. I understand that I am to receive no compensation for my appearance in any photograph, or as a result of any use of the photograph by FCPLB. I further give and grant to FCPLB the right to use my name, likeness and biographical material in connection with its use of the photographs.

Signature \_\_\_\_\_

If under 18, parent's signature required here: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

If under 18, parent's signature required here: \_\_\_\_\_ Date: \_\_\_\_\_